

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. BOX 2121
HONOLULU, HAWAII 96805-2121
Oahu (808) 586-7390
Toll Free 1(800) 295-0089
www.eutf.hawaii.gov

BOARD OF TRUSTEES
MICHAEL FORMBY, CHAIRPERSON
VACANT, VICE-CHAIRPERSON
GEORGE KAHOOHANOAHANO, SECRETARY-TREASURER
BARBARA A. ANNIS
RONALD BOYER
ROBERT LEE
J.N. MUSTO
DAYTON NAKANELUA
RANDY PERREIRA
STANLEY T. SHIRAKI

ACTING ADMINISTRATOR
MARIE C. LADERTA

January 11, 2011

TO: HSTA VEBA COBRA Members

FROM: Sandi Yahiro, Assistant Administrator *Sandi Yahiro*

SUBJECT: Information Regarding Transitioning to EUTF COBRA Health Plans Created Specifically for HSTA VEBA COBRA Members and Open Enrollment

Aloha!

As you are aware, under Act 106, SLH2010, the law enabling an alternative health benefits system for members previously enrolled in the Voluntary Employees' Beneficiary Association Trust (VEBA), sunset and terminated as of January 1, 2011. The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) created new health insurance benefit plans for HSTA VEBA Consolidated Omnibus Budget Reconciliation Act (COBRA) members in response to the December 7, 2010 oral ruling by Judge Sakamoto. The new plans offer HSTA VEBA COBRA members the same standard of coverage in benefits that they enjoyed under their HSTA VEBA COBRA plans. As such, as of January 1, 2011, all members formerly enrolled in VEBA COBRA must be transitioned to the EUTF specifically created health plans for HSTA VEBA COBRA coverage to continue.

Initially, all VEBA COBRA members will be enrolled in plans EUTF specifically created for HSTA VEBA COBRA members as described on page 2, effective January 1, 2011 as long as payment is made to the carriers (see page 6) by January 21, 2011. However, HSTA VEBA COBRA members may elect to change their EUTF COBRA plans effective March 1, 2011. In order to make a change, HSTA VEBA COBRA members MUST complete and submit the included COBRA enrollment form (Continuation of Coverage Form) during the limited COBRA open enrollment period starting January 13, 2011 and ending January 27, 2011. Please note that if you do NOT want to make changes you do NOT need to complete the COBRA Enrollment form.

This memo is intended to provide you with information to assist you in your transition to the COBRA plans. Below are questions and answers that we hope will be of help to you

I understand the EUTF must offer HSTA VEBA COBRA members the same benefits that we had in our HSTA VEBA COBRA plans. Is that correct? Will the premiums be the same?

Yes. Judge Sakamoto's December 7, 2010 oral ruling stated that HSTA VEBA members are entitled to the same standard of coverage in benefits when transitioned to the EUTF on January 1, 2011. Premium information should be posted on EUTF's website by January 13, 2011, or sooner.

When transitioned to EUTF on January 1, 2011, will I keep the same insurance carriers I have under my HSTA VEBA COBRA plans? Will I receive new enrollment cards?

In most situations, yes. However, if you currently have the HSTA VEBA HMA "80/20" medical plan and Catalyst prescription drug plan, on January 1, 2011, EUTF converted you to HMSA's "80/20" medical plan and HMSA's drug plan, both of which offer the same standard of coverage in benefits as the HSTA VEBA plans. See below.

Current HSTA VEBA Plans	EUTF Plans (created for HSTA VEBA members BU 05/45 effective January 1, 2011)
Kaiser Medical & Drug, VSP Vision & Chiro	Kaiser Comp & Drug, VSP Vision & Chiro
HMSA 90/10 PPO (fully insured) Medical and Drug, VSP Vision & Chiro	HMSA 90/10 (fully insured) Medical and Drug, VSP Vision & Chiro
HMA 80/20 (self funded) Medical, Catalyst Drug, VSP Vision & Chiro	HMSA 80/20 (fully insured), drug, VSP Vision & Chiro
HMSA Supplemental Medical, Drug, Vision & Chiro	HMSA Supplemental Medical, Drug, Vision & Chiro
VSP Vision only	VSP Vision only
Primary HDS Dental Plan	Primary HDS Dental Plan
Supplemental HDS Dental Plan	Supplemental HDS Dental Plan

Regarding new enrollment cards, you must use your current HSTA VEBA COBRA enrollment cards for the EUTF Kaiser plan, EUTF HMSA 90/10 plan, EUTF HMSA Supplemental plan, and EUTF HDS plan. The EUTF HMSA 80/20 plan (which was previously with HMA) will issue you a new enrollment card. More information will be forthcoming. Please check our website periodically for updates.

Will I receive new membership cards? If so, when?

Your benefit coverage with EUTF plans specifically created for HSTA VEBA COBRA started on January 1, 2011. In most instances you will use your HSTA VEBA COBRA membership cards. However, if you previously had HSTA VEBA COBRA HMA “80/20” medical plan and Catalyst prescription drug plan, on January 1, 2011, EUTF converted you to HMSA’s “80/20” medical plan and drug plan. If you need to visit the doctor, dentist, eye doctor, etc. on January 1, 2011 or after, and have not received your membership card, please send EUTF an email so that we can follow up with the insurance carrier PRIOR to your visit. **You are COVERED with EUTF effective January 1, 2011 provided payment is received by carrier on or before January 21, 2011.**

The following insurance carriers issue membership cards: HMSA, HMA, Kaiser, and HDS. If you do not receive a membership card by late-January, notify EUTF by email at eutf@hawaii.gov so that we can follow up and get back to you. Please note that the membership card(s) you receive in late-January will be for the benefit plan(s) EUTF converts you to pursuant to the table on page 2.

If you complete a Continuation Coverage (COBRA) Election Form, your change is effective March 1, 2011. You should receive your new membership card(s) by mid-March. If you do not receive a membership card by March 15, 2011, send EUTF an email and in the subject line type: “URGENT (HSTA COBRA)” so that we can follow up and get back to you. However, your changes start on March 1, 2011, regardless of whether you receive your cards. If you need to visit the doctor, dentist, eye doctor, etc. on March 1, 2011 or after, and have not received your membership card, you ARE covered provided payment was made to the appropriate carrier – send EUTF an email so that we can follow up with the insurance carrier.

My HSTA VEBA COBRA benefit bundles my medical, prescription drug, vision and chiropractic coverage. Will EUTF do the same for the plans they are creating for us?

Yes. EUTF has created bundled plans that provide the same standard of coverage in benefits currently being provided under HSTA VEBA COBRA bundled plans, in response to Judge Sakamoto’s oral ruling.

My HSTA VEBA COBRA drug plan is bundled with my medical plan, but I want to make changes to my enrollment. If I forgot to check the box on the Continuation of Coverage Form to enroll in EUTF’s COBRA drug plan, will I still be covered in EUTF’s COBRA drug plan?

No. You MUST check the “Self” or “Family” box next to “Prescription Drugs informedRx Prescription Drug” to have drug coverage under EUTF COBRA. If you leave all boxes blank, EUTF COBRA will assume you do not want (waive) drug coverage.

What will happen to my dependants that I currently cover under the HSTA VEBA COBRA Plans?

Any dependants you cover under the HSTA VEBA COBRA plan will be enrolled in the plans EUTF created specifically for HSTA VEBA COBRA effective January 1, 2011. If any of your qualified dependents chooses to enroll individually, make a copy of the blank form for each family member choosing to enroll separately in a EUTF COBRA plan. You may still enroll the rest of the family under your enrollment.

What if I want to drop or add a dependent?

Only dependents that were covered under your “active coverage” may participate in COBRA. You are not allowed to add dependents to COBRA that were not covered when you were an “active” plan participant. You are allowed to drop a plan or dependent at any time during your continuation period.

Will my cost for the plans EUTF specifically created for HSTA VEBA COBRA be the same as the HSTA VEBA COBRA plans?

Yes. See Attachment #1 and #2 of this memo.

How can I get more information on the various EUTF specifically created plans for HSTA VEBA COBRA plans’ benefits and EUTF COBRA plans’ benefits?

Visit the EUTF website at: www.eutf.hawaii.gov. Click on “Links to Carrier Websites”.

What if I want to change plans?

At your initial enrollment in COBRA, you may drop dependents that were previously covered but may not change the plan in which you are participating (i.e., PPO, HMO, indemnity plan, etc.) unless you relocate to an area where your current plan is not available.

The plans and qualified beneficiaries listed are those that were active on the last day of coverage (12/31/2010). You may only enroll in those plans that you had been enrolled on the last day of coverage.

If I do not complete a Continuation Coverage (COBRA) Election Form during the limited COBRA open enrollment, will my health benefits terminate?

If you did not make payment directly to the carriers (see page 6) by January 21, 2011 your coverage will be terminated. If you did make payment by January 21, 2011, your COBRA health benefits will continue. You do not need to complete a COBRA Election Form to continue your current coverage.

Will EUTF be conducting any limited open enrollment sessions that we can attend?

Yes. See Attachment #3 for Open Enrollment Information Session Schedule.

For open enrollment, who can explain the difference in the standard of coverage in benefits between the EUTF plans specifically created for HSTA VEBA COBRA members and the EUTF COBRA plans available to all other State and County COBRA members?

Call the insurance carries listed on page 6.

If I want to make a change and if I forget to check any box next to the various choices, what happens?

EUTF will assume you do not want (waive) that coverage.

If I do not want to make changes, do I still need to complete a COBRA Enrollment Form?

No.

If I want to make a change during open enrollment, where do I send my completed COBRA Form?

Mail your completed forms to EUTF. Our mailing address is:

Hawaii Employer-Union Health Benefits Trust Fund
ATTN: HSTA COBRA
P.O. Box 2121
Honolulu, HI 96805-2121

If I have questions, who can I contact?

We suggest you visit the EUTF website at www.eutf.hawaii.gov first to see if the information you need is available there. Click on the following links that may be pertinent:

- New COBRA Guidelines
- Links to Carrier Web Sites

If you still have questions, we prefer you email us your questions at: eutf@hawaii.gov. EUTF can answer your questions about eligibility, status of your enrollment, required supporting documents, and timing of submission of forms. However, if you have questions related to the **benefits** in any plan, we recommend you contact the applicable insurance carrier. Their contact information is:

- ChiroPlan: Honolulu (808) 621-4744, Neighbor Islands 1 (800) 414-8445
711 Kilani Avenue, Suite 3, Wahiawa, HI 96786
- Hawaii Dental Service (HDS): (808) 529-9310, Toll-free 1 (866) 702-3883
700 Bishop Street Suite 700, Honolulu, HI 96813
- Health Management Associates (HMA):
(808) 954-8796, Toll-free 1 (866) 826-5335
1440 Kapiolani Boulevard, Suite 1020, Attn: Enrollment, Honolulu, HI 96814
- Hawaii Medical Service Association (HMSA):
Oahu (808) 948-6499, Toll-free 1 (800) 766-4672
P.O. Box 860, Attn: Membership Services Dept., Honolulu, HI 96808-0860
- Kaiser Permanente (Kaiser): (808) 432-5955, Toll-free 1 (800) 966-5955
711 Kapiolani Boulevard, Honolulu, HI 96813
- informedRx [billing handled by ARM Ltd.]: Toll-free 1 (866) 533-6977
ARM Ltd., 171 West Wing Street #210, Arlington Heights, IL 60005
- Vision Service Plan (VSP): Honolulu (808) 532-1600, Toll-free 1 (800) 522-5162
P.O. Box 997100, Sacramento, CA 95899

**ATTACHMENT #1
NEW COBRA HEALTH PLAN MONTHLY RATES
EFFECTIVE JANUARY 1, 2011 – JUNE 30, 2011**

Benefit Plan	Type of Enrollment	Total COBRA Premium
<i>MEDICAL PLANS</i>		
HMSA PPO 80/20 Medical Drug	Self	\$261.39
	Family	\$834.67
HMSA PPO 90/10 Medical & Drug Plan	Self	\$405.84
	Family	\$1,223.80
Kaiser Medical & Drug Plan	Self	\$326.20
	Family	\$978.59
HMSA Supplemental Supplemental Medical, Drug & Vision Plan	Self	\$239.51
	Family	\$720.26
<i>DENTAL PLAN</i>		
Primary HDS Dental Plan	Self	\$29.84
	Family	\$89.51
HDS Supplemental Dental Plan	Self	\$15.81
	Family	\$45.71
<i>VISION PLAN</i>		
VSP Vision	Self	\$6.09
	Family	\$14.34
<i>CHIROPRACTIC</i>		
RSN Chiropractic	Self	\$1.02
	Family	\$2.45

Note: Information provided by ATPA.

ATTACHMENT #2 (1 of 2)
COBRA RETIREES MONTHLY HEALTH BENEFIT PLAN RATES
EFFECTIVE JANUARY 1, 2011 – JUNE 30, 2011

Benefit Plan	Type of Enrollment	Total COBRA Premium
<i>MEDICAL PLANS: NON-MEDICARE</i>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$414.54
	Family	\$1,197.77
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$333.02
	Family	\$994.71
<i>MEDICAL PLANS: WITH MEDICARE</i>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$344.26
	Family	\$879.43
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$251.87
	2 Medicare	\$506.22
	1 Medicare & 1 Non-Medicare	\$751.26
	Family	\$751.26
<i>DENTAL – ALL RETIREES</i>		
HDS Dental Plan	Single	\$35.70
	Two-Party	\$73.08
	Family	\$73.08
<i>VISION & CHIROPRACTIC – ALL RETIREES</i>		
VSP Vision & ChiroPlan	Self	\$6.82
	Two-Party	\$16.13
	Family	\$16.13

Note: Information provided by ATPA.

ATTACHMENT #2 (2 of 2)
COBRA RETIREES MONTHLY HEALTH BENEFIT PLAN RATES
RETIREES TRANSFERRED JANUARY 1, 2007 FROM EUTF
EFFECTIVE JANUARY 1, 2011 – JUNE 30, 2011

Benefit Plan	Type of Enrollment	Total COBRA Premium
<i>MEDICAL PLANS: NON-MEDICARE</i>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$552.85
	Two-Party	\$1,149.35
	Family	\$1,668.08
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$333.02
	Two-Party	\$994.71
	Family	\$994.71
<i>MEDICAL PLANS: WITH MEDICARE</i>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$416.74
	Two-Party	\$823.11
	Family	\$1,095.08
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$251.87
	Two-Party	\$506.22
	Family	\$751.26
<i>DENTAL – ALL RETIREES</i>		
HDS Dental Plan	Single	\$35.70
	Two-Party	\$73.08
	Family	\$73.08
<i>VISION & CHIROPRACTIC – ALL RETIREES</i>		
VSP Vision & ChiroPlan	Self	\$6.82
	Two-Party	\$16.13
	Family	\$16.13

Note: Information provided by ATPA.

01/05/2011

ATTACHMENT #3 (1 of 2)
OPEN ENROLLMENT INFORMATION SESSION SCHEDULE

Date	Location	Time
Thursday January 6, 2011	Maui Community College Kalama 103 (Maui)	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Thursday January 6, 2011	Leeward Community College GT 105 (Oahu)	8:30 – 10:30 11:00 – 12:30 3:00 – 4:15
Friday January 7, 2011	U.H. Kuykendall Auditorium (Oahu)	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Monday January 10, 2011	Mitchell Pauole Community Center (Molokai)	2:30 – 3:30 3:45 – 4:30
Tuesday January 11, 2011	Kapolei Hale Conference Rm A & B (Oahu)	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Wednesday January 12, 2011	State Capitol Auditorium (Oahu)	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Wednesday January 12, 2011	Yano Hall (Kona – Captain Cook)	10:00 – 11:00 11:30 – 12:30
	Natural Energy Laboratory (Kona – Kailua)	3:00 – 4:15
Thursday January 13, 2011	Aunt Sally's Luau Hale (Hilo)	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Tuesday January 18, 2011	Mission Memorial Auditorium (Oahu)	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Tuesday January 18, 2011	Kauai War Memorial Convention Center (Kauai)	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Wednesday January 19, 2011	Kauai War Memorial Convention Center (Kauai)	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Wednesday January 19, 2011	Mission Memorial Auditorium (Oahu)	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Thursday January 20, 2011	Wailuku Community Center (Maui)	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Friday January 21, 2011	Windward Community College Akoakoa 105 (Oahu)	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15

ATTACHMENT #3 (2 of 2)
LOCATION ADDRESSES

Oahu

Leeward Community College, GT105

96-045 Alaike Street
Pearl City, HI 96782

Kapolei Hale, Conference Rm A & B

1000 Uluohia Street
Kapolei, HI 96707

Mission Memorial Auditorium

City Hall Annex
550 S. King Street
Honolulu, HI 96813

U.H. Kuykendall Auditorium

2445 Campus Road
Honolulu, HI 96822

State Capitol Auditorium

415 S. Beretania Street
Honolulu, HI 96813

Windward Community College, Akoakoa 105

45-720 Keaahala Road
Kanohe, HI 96744

Neighbor Island

Maui – Kahului

Maui Community College, Kalama 102
310 Ka’ahumanu Avenue
Kahului, HI 96732

Molokai - Kaunakakai

Mitchell Pauole Community Center
90 Inoa Street
Kaunakakai, HI 96748

Hawaii – Kona (Captain Cook)

Yano Hall
86-6156 Mamalahoa Highway
Captain Cook, HI 96750

Hawaii – Hilo

Aunt Sally’s Luau Hale
799 Piilani Street
Hilo, HI 96720

Maui – Wailuku

Wailuku Community Center
395 Waea Place
Wailuku, HI 96793

Kauai – Lihue

Kauai War Memorial Convention Center
4191 Hardy Street
Lihue, HI 96766

Hawaii – Kona (Kailua)

Natural Energy Laboratory
73-4460 Queen Ka’ahumanu Highway
Kailua-Kona, HI 96740

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
COBRA ACTIVE EMPLOYEES
BU12
EFFECTIVE MARCH 1, 2011

Benefit Plan	Type of Enrollment	Total COBRA Premium
MEDICAL PLANS		
EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic	Self	\$285.79
	Two-Party	\$714.59
	Family	\$926.39
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	\$276.52
	Two-Party	\$691.33
	Family	\$896.24
EUTF Prescription Drug (informedRx)	Self	\$48.90
	Two-Party	\$122.26
	Family	\$158.63
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$379.40
	Two-Party	\$948.89
	Family	\$1,230.32
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$317.94
	Two-Party	\$794.00
	Family	\$1,028.32
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$268.74
	Two-Party	\$671.03
	Family	\$868.92
EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic	Self	\$198.35
	Two-Party	\$498.51
	Family	\$653.51
Royal State Supplemental (eff 1/1/2011) Prescription Drug RSN Chiropractic	Self	\$41.58
	Two-Party	\$103.22
	Family	\$114.73
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$267.96
	Two-Party	\$671.61
	Family	\$872.90
DENTAL PLAN		
HDS Dental	Self	\$32.64
	Two-Party	\$65.24
	Family	\$107.51
VISION PLAN		
VSP Vision	Self	\$6.10
	Two-Party	\$11.28
	Family	\$14.74

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
COBRA ACTIVE EMPLOYEES
ALL BU'S EXCEPT BU12
HSTA VEBA ACTIVE EMPLOYEES WHO OPT TO TRANSFER TO EUTF PLANS (BU05,45)
BU 05, 45 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011

EFFECTIVE MARCH 1, 2011

Benefit Plan	Type of Enrollment	Total COBRA Premium
<i>MEDICAL PLANS</i>		
EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic	Self	\$320.42
	Two-Party	\$777.79
	Family	\$991.91
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	\$310.00
	Two-Party	\$752.47
	Family	\$959.62
EUTF Prescription Drug (informedRx)	Self	\$72.23
	Two-Party	\$175.40
	Family	\$223.93
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$434.66
	Two-Party	\$1,055.19
	Family	\$1,345.93
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$386.04
	Two-Party	\$937.33
	Family	\$1,195.11
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$326.19
	Two-Party	\$791.96
	Family	\$1,009.68
EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic	Self	\$229.38
	Two-Party	\$556.98
	Family	\$710.39
Royal State Supplemental (eff 1/1/2011) Prescription Drug RSN Chiropractic	Self	\$41.58
	Two-Party	\$103.22
	Family	\$114.73
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$294.42
	Two-Party	\$715.53
	Family	\$913.20
<i>DENTAL PLAN</i>		
HDS Dental	Self	\$32.64
	Two-Party	\$65.24
	Family	\$107.51
<i>VISION PLAN</i>		
VSP Vision	Self	\$6.10
	Two-Party	\$11.28
	Family	\$14.74

HSTA COBRA JAN 2011	Hawaii Employer-Union Health Benefits Trust Fund HSTA: COBRA ELECTION FORM	PLEASE SUBMIT THIS HSTA COBRA ELECTION FORM TO THE EUTF
----------------------------------	--	--

SECTION 1: COBRA PARTICIPANT DATA

Please complete all applicable fields below.
 Social Security numbers are required to process enrollments.

☐ Open Enrollment

COBRA Enrollee (Last Name, First Name, Middle Initial)

Participant Name (if different) (Last Name, First Name, Middle Initial)

 Work Phone (_____) _____
 Home Phone (_____) _____
 Mobile Phone (_____) _____

 Work Phone (_____) _____
 Home Phone (_____) _____
 Mobile Phone (_____) _____

COBRA Enrollee Residence Address

☐ Check this box if your address has changed

 Street _____
 Line 2 _____
 City _____ State _____ Zip Code _____

Participant Residence Address

☐ Check this box if your address has changed

 Street _____
 Line 2 _____
 City _____ State _____ Zip Code _____

COBRA Enrollee Mailing Address (if different from above)

 Street _____
 Line 2 _____
 City _____ State _____ Zip Code _____

Participant Mailing Address (if different from above)

 Street _____
 Line 2 _____
 City _____ State _____ Zip Code _____

COBRA Enrollee's Social Security Number (SSN)

Participant's Social Security Number (SSN)

COBRA Enrollee:

 Gender ☐ Male ☐ Female

Birth Date: (MM/DD/YYYY)

____/____/____

Participant:

 Gender ☐ Male ☐ Female

Birth Date: (MM/DD/YYYY)

____/____/____

SECTION 2: COBRA PLAN SELECTION:
☐ I (We) elect to continue coverage as indicated below and will be responsible for the full cost of the coverage.

Medical Plan
☐ Cancel/Waive Medical Coverage

Choose only one box in each plan section

Type	Carrier Selection	Self	2-Party	Family
PPO	Fully Insured HMSA PPO 80/20 Medical and Drug (HMSA), VSP, Chiroplan Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fully Insured HMSA PPO 90/10 Medical and Drug (HMSA), VSP, Chiroplan Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	Kaiser Medical and Drug, VSP, Chiroplan Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental	Supplemental-HMSA Medical, Drug and Vision, Chiroplan Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supplemental-HDS Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Plans

	Cancel/Waive	Self	2-Party	Family
Vision Service Plan (VSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary HDS Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The EUTF created new health benefit plans for HSTA VEBA COBRA members in response to the December 7, 2010 oral ruling by Judge Sakamoto. The new plans offer HSTA VEBA COBRA members the same standard of coverage in benefits that they enjoyed under their HSTA VEBA COBRA plans. All HSTA VEBA COBRA members will be transitioned to the newly created EUTF plans that offer the same standard of coverage in benefits on January 1, 2011.

SECTION 3: DEPENDENT INFORMATION AND ELECTION OF COBRA PLAN(S)

List all eligible dependents you wish to cover. Relationship* Key: SP=Spouse, DP=Domestic Partner, CH=your Child or your Spouse's Child, DPCH= Domestic Partner's Child, GC=Guardianship/Foster child, DC=Disabled Child if your child is age 19 or over and is also disabled.

Add	Delete	Dependent: Last Name (if different), First Name, Middle Initial	Birth Date (MMDDYYYY)	Social Security Number	*Relationship	Gender M/F
<input type="checkbox"/>	<input type="checkbox"/>		/ /			
<input type="checkbox"/>	<input type="checkbox"/>		/ /			
<input type="checkbox"/>	<input type="checkbox"/>		/ /			
<input type="checkbox"/>	<input type="checkbox"/>		/ /			
<input type="checkbox"/>	<input type="checkbox"/>		/ /			

Detailed eligibility information is available at www.eutf.hawaii.gov in the EUTF Administrative Rules, Chapter 87A, Hawaii Revised Statutes.

Dependent Certification and Student Certification– See Section 4.6 and 4.7 of "Instructions for Completing Form EC-1" for more information.

I certify that all of my dependent children meet eligibility requirements for enrollment in the COBRA plans.

_____ (initials)

SECTION 4: COBRA PAYMENT INFORMATION

Checks are to be made payable to each respective insurance carrier. Payment is due the first day of each month. Failure to make payment by the due date will result in the termination of this coverage and will not be reinstated. The monthly COBRA rates are subject to change in accordance with federal law.

Hawaii Medical Service Association (HMSA): Oahu (808) 948-6499, Toll-free 1 (800) 766-4672 P.O. Box 860, Attn: Membership Services Dept., Honolulu, HI 96808-0860	ChiroPlan: Honolulu (808) 621-4744, Neighbor Islands 1 (800) 414-8445 711 Kilani Avenue, Suite 3, Wahiawa, HI 96786
Kaiser Permanente (Kaiser): (808) 432-5955, Toll-free 1 (800) 966-5955 711 Kapiolani Boulevard, Honolulu, HI 96813	Hawaii Dental Service(HDS): (808) 529-9310, Toll-free 1 (866) 702-3883 700 Bishop Street Suite 700, Honolulu, HI 96813
	Vision Service Plan (VSP): Honolulu (808) 532-1600, Toll-free 1 (800) 522-5162 P.O. Box 997100, Sacramento, CA 95899

SECTION 5: COBRA PARTICIPANT SIGNATURE

NOTE: The enrollment of HSTA VEBA COBRA members into these new health and other benefit plans is being done solely to comply with Judge Sakamoto's oral ruling and not to create any constitutional or contractual right to the benefits provided by these plans. Please note that the State does not agree with Judge Sakamoto's ruling and reserves the right to move HSTA VEBA COBRA members into regular EUTF COBRA plans if Judge Sakamoto's ruling is overturned or modified.

I am eligible for the coverage requested and declare that the individuals listed on this enrollment form are also eligible. I understand if I do not make a selection or check the "waive" box, it will be considered a "waive." I understand that the benefit elections made on this application are in effect for as long as I continue to meet COBRA's eligibility requirements, or until I elect to change them subject to the provisions of COBRA. I have read the benefit materials, understand the limitations and qualifications of the COBRA benefits program and agree to abide by the terms and conditions of the benefit plans selected.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages. This form supersedes all forms and submissions I previously made for COBRA coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that I am subject to penalty for perjury.

COBRA Participant Signature: _____ Date Signed: _____

If you do not submit this completed Election Form by the due date, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you finish this completed Election Form before the due date.